



State of Arizona
Department of Education

ARIZONA SCHOLARSHIP FOR PUPILS WITH DISABILITIES

Application Form

Name:	Date of Birth:	SAIS #:
Address:	City:	Zip Code:
County:	Phone:	Date:
Last Public School Attended:		
School District:	Current Grade Level:	
Dates of attendance in public school (mm/yy) to (mm/yy):		
Legal Name of Mother:		
Address (if different from student's address):		
Legal Name of Father:		
Address (if different from student's address):		
Name of Qualified School of Choice:		
School Contact Person:		
Email:	Phone Number:	
Mailing Address:	City:	ZIP Code:
Date of available space:	Grade Level:	
I certify that my child has been accepted to the qualified school listed above and meets the requirements for the Arizona Scholarship for Pupils with Disabilities.		
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Parent Signature		Date
PLEASE ATTACH A COPY OF THE QUALIFIED SCHOOL'S TUITION/FEE SCHEDULE OR ACTUAL PER PUPIL COSTS. (This must be submitted at least 60 days before the first quarterly scholarship payment is made. No retroactive payments will be made.) (15-891.01.B)		
Please send completed form to: Arizona Department of Education 1535 W. Jefferson St. Bin 25 Phoenix, AZ 85007		



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School Verification Form
(To be completed by last public school attended)

MUST BE FILLED OUT COMPLETELY

Student's Full Name:	
Date of Birth:	SAIS #:
Last Public School Attended:	Current Grade Level:
Name of School District / Charter Holder:	
Date of Withdrawal: (if applicable)	Date of Proposed Withdrawal:
Category of Disability:	LRE Code:
Initial Special Education Placement Date:	
Effective Date of Current IEP:	
I certify that: 1) this form serves as written notification to the Public Education Agency of the student's intent to apply for an Arizona Scholarship for Pupils with Disabilities AND 2) the information provided is accurate and can be verified upon request by the Arizona Department of Education.	
_____ Printed name of person completing this verification	_____ Name of School
_____ Title	_____ Phone Number
_____ Signature	_____ Date